

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06048

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH - COUNTY <u>Kent</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED - STATE <u>MARYLAND</u> COUNTY <u>Kent</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Chestertown</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Chestertown</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>113 Front St</u>		STREET ADDRESS (If rural, give location) <u>113 Front</u>	
3. NAME OF DECEASED (Type or Print) <u>Rebecca Wine</u> (First)	<u>Wine</u> (Middle)	<u>Brown</u> (Last)	4. DATE OF DEATH (Month) <u>June</u> (Day) <u>25</u> (Year) <u>1937</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH <u>10-27-86</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY	9. AGE last birthday <u>54</u> yrs.	11. BIRTHPLACE (State or foreign country) <u>MASS.</u>
13. FATHER'S NAME <u>Charles Morgan Hussey</u>	14. MOTHER'S MAIDEN NAME <u>Clara Amy Wing</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS <u>Frederick R. Brown, 113 Front St.</u>	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) Cardiac deceleration

INTERVAL BETWEEN ONSET AND DEATH

3 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Chronic myocarditis and myocardial degeneration5 months(c) Atherosclerosis3 years

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from April 1, 1937, to June 25, 1937, that I last saw the deceasedalive on June 24, 1937, and that death occurred at 6:30 A.M., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
<u>Burial</u>	<u>June 29, 1937</u>	<u>Rural Cemetery</u>	<u>New Bedford</u>	<u>Mass</u>
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS	
<u>June 26, 1937</u>	<u>Clara L. Barnes</u>	<u>J. Willis Wells - Chestertown, Md.</u>		

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 28 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 202

06049

1. PLACE OF DEATH- COUNTY <u>Kent</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Kent</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Chestertown</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Rural - Chestertown</u>	
TOWN <u>Chestertown</u>		TOWN <u>Rural - Chestertown</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Kentland 2. A. Hosp.</u>		STREET ADDRESS (If rural, give location) <u>Fairlee</u>	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
(First) <u>James</u> (Middle) <u>Freeland</u> (Last) <u>Clark</u>		(Month) <u>JUNE</u> (Day) <u>13</u> (Year) <u>1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Dec 5, 1909</u>
9. AGE last birthday <u>41</u> yrs.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Janitor</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>SCHOOL HOUSE</u>	11. BIRTHPLACE (State or foreign country) <u>MARYLAND</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>HARRY CLARK</u>	
14. MOTHER'S MAIDEN NAME <u>IDA HORICKS</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY No. <u>218-20-7066</u>		17. INFORMANT AND ADDRESS <u>HARRY CLARK FAIRLEE, Md.</u>	

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) Acute cardiac decompensation

INTERVAL BETWEEN ONSET AND DEATH

6 hrs?

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 6-13, 1951, to 6-13, 1951, that I last saw the deceased alive on 6-13, 1951, and that death occurred at 8:30 A m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
<u>BURIAL</u>	<u>6/16/1951</u>	<u>ST PAUL CEM.</u>	<u>near Fairlee</u>	<u>md</u>
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS	
<u>June 13-1951</u>	<u>Clara S. Barnes.</u>	<u>J. Willis Wells</u>	<u>Chestertown md</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 476

RECEIVED
JUN 15 1964
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06050

Reg. Dist. No. 202

1. PLACE OF DEATH COUNTY <u>Kent</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Ind.</u> COUNTY <u>Kent</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Chestertown</u> LENGTH OF STAY (in this place) <u>50 yrs.</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Chestertown, Ind.</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>105 S. Duane St.</u>		STREET ADDRESS (If rural, give location) <u>105 S. Duane St.</u>	
3. NAME OF DECEASED (Type or Print) <u>Mrs. INDIANA C. DAVIS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>6/15 1951</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>W</u>	8. DATE OF BIRTH <u>Sept. 26, 1868</u>
9. AGE last birthday <u>83</u> yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <u>Housewife</u>	
11. BIRTHPLACE (State or foreign country) <u>Cecilston, Ind.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>John W. Walmsley</u>		14. MOTHER'S MAIDEN NAME <u>Rebecca Etherington</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY No. <u>None</u>	
17. INFORMANT AND ADDRESS <u>Miss Rebecca Davis (Sons)</u>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause <u>4/20.0</u> <u>93d</u>	(a) <u>Pulmonary Edema</u>	INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs.</u>
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) <u>Arteriosclerotic Heart Disease</u>	<u>years</u>
(c) <u>None</u>		

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. ACCIDENT (Specify) SUICIDE HOMICIDE	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 31, 1951, to June 15, 1951, that I last saw the deceased alive on June 2, 1951, and that death occurred at 2:30 P.M., from the causes and on the date stated above.

SIGNATURE Robert E. Insor, M.D. ADDRESS Chestertown, Ind. DATE SIGNED 6/15/51

23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	DATE THEREOF <u>June 18, 1951</u>	NAME OF CEMETERY OR CREMATORY <u>Chestertown, Ind.</u>	LOCATION (City, town, or county) (State) <u>Chestertown, Ind.</u>
DATE REC'D BY LOCAL REG. <u>June 18-1951</u>	REGISTRAR'S SIGNATURE <u>Clara S. Barnes</u>	24. FUNERAL DIRECTOR <u>Maxim V. Williams - Chestertown, Ind.</u>	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED

JUN 20 1951

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

06051

Reg. Dist. No. 200

1. PLACE OF DEATH- COUNTY <u>Kent</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Massey</u> TOWN <u>Massey</u> HOSPITAL OR INSTITUTION OR STREET ADDRESS		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Kent</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Millington</u> TOWN <u>Millington</u> STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (First) (Middle) (Last) <u>SIDNEY</u> <u>C</u> <u>DIXON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June</u> <u>7</u> <u>1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec. 9, 1888</u>
9. AGE last birthday <u>62</u> yrs.		10. AGE last birthday (If under 1 year) (If under 24 hrs.) Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Manager Mill Runway Station</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Mill Station</u>	
11. BIRTHPLACE (State or foreign country) <u>Del.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13. FATHER'S NAME <u>George C. Dixon</u>		14. MOTHER'S MAIDEN NAME <u>Addie Clark</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>212-03-8461</u>	
17. INFORMANT <u>Paul E. Dixon - Millington, Md.</u>		18. MEDICAL CERTIFICATION	
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH	
Immediate cause <u>824.5</u> <u>Antecedent cause(s)</u> <u>1700</u> <u>Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last</u> <u>(a) Comminuted fracture vertebra D6 & L2 with associated cord injuries</u> <u>(b)</u> <u>(c)</u>		<u>Instantaneous</u>	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. TIME (Month) (Day) (Year) (Hour) OF INJURY <u>July 7, 1951</u> <u>12</u> m. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY <u>Highway</u> INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/> HOW DID INJURY OCCUR? <u>Was thrown from car in which he was sitting and back struck curb of farmyard during accident while sitting near</u>		(CITY OR TOWN) (COUNTY) (STATE) <u>Massey</u> <u>Kent</u> <u>Md.</u>	
22. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> Inspection <input checked="" type="checkbox"/> Inquiry <input type="checkbox"/> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> accident <input checked="" type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> .			
SIGNATURE <u>R. L. Warren</u>		DATE SIGNED <u>6-7-51</u>	
23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		DATE THEREOF <u>6/10/51</u>	
NAME OF CEMETERY OR CREMATORY <u>Millington</u>		LOCATION (City, town, or county) (State) <u>Millington</u> <u>Md.</u>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>6/8/51</u> <u>Edward Fellows</u>		24. FUNERAL DIRECTOR <u>Edward Fellows, Millington, Md.</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A5A

T

690609

RECEIVED

JUN 13 1951

BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2.02

06052

1. PLACE OF DEATH- COUNTY <u>Kent</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Worton</u> HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Worton</u>		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>New Jersey</u> COUNTY <u>Union</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Truiston</u> STREET ADDRESS (If rural, give location) <u>1366 Nottingham Way</u>	
3. NAME OF DECEASED (Type or Print) (First) <u>Joseph</u> (Middle) <u>A.</u> (Last) <u>Farlee</u>		4. DATE OF DEATH (Month) <u>June</u> (Day) <u>9</u> (Year) <u>1957</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec. 16 1907</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mason</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Book Sayer</u>	11. BIRTHPLACE (State or foreign country) <u>Truiston N.J.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13. FATHER'S NAME <u>John Ellis Farlee</u>		14. MOTHER'S MAIDEN NAME <u>Amelia Nissen</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY No. <u>186-09-1174</u>	
		17. INFORMANT AND ADDRESS <u>Sara E. Farlee - 1366 Nottingham Way</u>	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause	(a) <u>Coronary thrombosis</u>	INTERVAL BETWEEN ONSET AND DEATH <u>1 minute</u>
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) <u>Coronary sclerosis</u>	<u>3 years</u>
(c)		

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-9, 1951, to 6-9, 1951, that I last saw the deceased alive on 6-9, 1951, and that death occurred at 3:10 P.m., from the causes and on the date stated above.

SIGNATURE Robert W. Farr (Degree or title) M.D. ADDRESS Chestertown, Md. DATE SIGNED 6-11-51

23. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>	DATE THEREOF <u>June 12, 1951</u>	NAME OF CEMETERY OR CREMATORY <u>Still Pond</u>	LOCATION (City, town, or county) (State) <u>Still Pond, Kent Co. Md.</u>
DATE REC'D BY LOCAL REG. <u>June 12-1951</u>	REGISTRAR'S SIGNATURE <u>Clara S. Barnes</u>	24. FUNERAL DIRECTOR <u>Marvin V. Williams</u>	ADDRESS <u>Chestertown, Md.</u>

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

504246

BUREAU V. S.

JUN 14 1951

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06053

Reg. Dist. No. 240

1. PLACE OF DEATH COUNTY <u>Kent</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Ind</u> COUNTY <u>Delaware</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Massey Hill</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>R. D.</u>	
TOWN <u>6 mi</u>		TOWN	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) <u>Lucy</u>	(Middle) <u>L.</u>	(Last) <u>George</u>
4. DATE OF DEATH	(Month) <u>June</u>	(Day) <u>24</u>	(Year) <u>1957</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>W.</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>widow</u>	8. DATE OF BIRTH <u>Nov. 17, 1871</u>
9. AGE last birthday <u>79</u> yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house wife</u>	
11. BIRTHPLACE (State or foreign country) <u>Delaware</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Wm. Carrow</u>		14. MOTHER'S MAIDEN NAME <u>Sarah Chavin</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY No.	
17. INFORMANT AND ADDRESS <u>Mrs. Linwood Burris Massey Ind.</u>			

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause (a) <u>Coronary Thrombosis</u>		<u>2 days</u>
Antecedent cause(s) (b) <u>Arterio Sclerosis</u>		<u>6 yrs</u>
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from June 1, 1957, to June 24, 1957, that I last saw the deceased alive on June 24, 1957, and that death occurred at 6 A m., from the causes and on the date stated above.

SIGNATURE <u>J. D. Miller M.D.</u>	ADDRESS <u>Middletown Del</u>	DATE SIGNED <u>June 25-57</u>
23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	DATE <u>6-27-57</u>	NAME OF CEMETERY OR CREMATORY <u>Townsend Cemetery</u>
LOCATION (City, town, or county) <u>Townsend Delaware</u>	(State)	
DATE REC'D BY LOCAL REG. <u>June 26, 1957</u>	REGISTRAR'S SIGNATURE <u>Edward Fellows</u>	24. FUNERAL DIRECTOR <u>G. Foster Daniels</u>
		ADDRESS <u>Middletown Del.</u>

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

15-62

BUREAU Y. S.

JUN 29 1951

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06054

CERTIFICATE OF DEATH

Reg. Dist. No. 201

1. PLACE OF DEATH COUNTY <u>St. Mary</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Md</u> COUNTY <u>St. Mary</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Horton and</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Colemans Rural Horton and</u>	
TOWN <u>Horton and</u>		TOWN <u>Colemans Rural Horton and</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural give location) <u>Colemans Rural Horton and</u>	
3. NAME OF DECEASED (First) <u>Joseph</u> (Middle) <u>asburn</u> (Last) <u>Gilbert</u>		4. DATE OF DEATH (Month) <u>June</u> (Day) <u>24</u> (Year) <u>1957</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>Colored</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>married</u>	8. DATE OF BIRTH <u>Apr 15 1900</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Handy man Hotel</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE last birthday <u>57</u> yrs. If under 1 year Months Days Hours Min.
11. BIRTHPLACE (State or foreign country) <u>Colemans Rural Horton and</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13. FATHER'S NAME <u>Samuel Gilbert</u>		14. MOTHER'S MAIDEN NAME <u>Imogene</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY No. <u>217-09-4858</u>	
17. INFORMANT <u>Bessie Gilbert</u>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH.

Immediate cause

(a) Pyelonephritis

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 6-23, 1957, to 6-24, 1957, that I last saw the deceased alive on 6-24, 1957, and that death occurred at 5:00 p.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
<u>Burial</u>	<u>6/28/57</u>	<u>Coleman</u>	<u>Colemans Rural Horton and</u>	<u>Md</u>
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS		
<u>6/28/57</u>	<u>E. Edmund Jones</u>	<u>B. R. Fellows Stillpoint Md</u>		

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUL 1 1951

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06055

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH COUNTY <u>Kent</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Kent</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Rural Chestertown</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Rural Chestertown</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location) <u>"Johnson town" Parker Aeds</u>	
3. NAME OF DECEASED (Type or Print) (First) <u>Carleton</u> (Middle) (Last) <u>Johnson</u>		4. DATE OF DEATH (Month) <u>June</u> (Day) <u>20</u> (Year) <u>1957</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Black</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov. 10, 1900</u>
9. AGE last birthday <u>50</u> yrs.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Construction</u>	11. BIRTHPLACE (State or foreign country) <u>Kent Co. - Md.</u>
13. FATHER'S NAME <u>Thomas Henry Johnson</u>		14. MOTHER'S MAIDEN NAME <u>Harriet Smith</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY No. <u>220-12-1433</u>	
		17. INFORMANT AND ADDRESS <u>Hop Records - Chestertown Md</u>	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) Rupture of thoracic aorta

Antecedent cause(s)

Disease or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Small aneurysm

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

June 1, 1957

19b. MAJOR FINDINGS OF OPERATION

Athetosis of cystic duct

20. ACCIDENT

(Specify)

SUICIDE

HOMICIDE

PLACE (Home, farm, factory, street, office bldg., etc.)

INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour)

OF INJURY

INJURY OCCURRED

While at

m. ☐ Wk ☐ At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 20, 1957, to June 20, 1957, that I last saw the deceasedalive on June 19, 1957, and that death occurred at 6:55 A.M., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)

Burial

DATE THEREOF

June 23 1957

NAME OF CEMETERY OR CREMATORY

Tomona Cemetery

LOCATION (City, town, or county)

near Chestertown Maryland

(State)

DATE REC'D BY LOCAL REG.

June 21-1957

REGISTRAR'S SIGNATURE

Clara S. Barnes

24. FUNERAL DIRECTOR

Marvin V. Williams - Chestertown, Md.

ADDRESS

MARGIN RESERVED FOR BINDING

VS. 415

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

970246

RECEIVED
JUN 25 1951
BUREAU Y. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 202

06056

1. PLACE OF DEATH COUNTY <u>Kent</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Chestertown</u> TOWN <u>Chestertown</u> HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>340 Cannon St.</u>		MARYLAND LENGTH OF STAY (in this place) <u>Life</u>		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Kent</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Chestertown</u> TOWN <u>Chestertown</u> STREET ADDRESS (If rural give location) <u>340 Cannon Street</u>	
3. NAME OF DECEASED (Type or Print) <u>John Wesley Mays</u>		(First) <u>John</u> (Middle) <u>Wesley</u> (Last) <u>Mays</u>		4. DATE OF DEATH (Month) <u>June</u> (Day) <u>10</u> (Year) <u>1951</u>	
5. SEX <u>Male</u>		6. COLOR OF RACE <u>Col.</u>		7. SINGLE, MARRIED, WIDOWED, OR FORCED. (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Oct 20 1891</u>		9. AGE last birthday <u>59</u> yrs.		10. If under 1 year: Months <u>7</u> Days <u>20</u> Hours <u>15</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mechanic</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Automobile</u>		11. BIRTHPLACE (State or foreign country) <u>Chestertown, Md</u>	
12. CITIZEN OF WHAT COUNTRY <u>American</u>		13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME <u>Rebecca Hornily</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		16. SOCIAL SECURITY No. <u>217-05-1339</u>		17. INFORMANT <u>Mrs Emma Mays (wife)</u>	

18. MEDICAL CERTIFICATION	
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) <u>Cerebral Accident</u>	<u>5 weeks</u>
Antecedent cause(s) (b) <u>Hypertension</u>	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <u>Cardiac</u>	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	(STATE)
21. ACCIDENT (Specify) <u>SUICIDE</u>	PLACE (Home, farm, factory, street, OF office hldg., etc.) <u>INJURY</u>
(CITY OR TOWN)	(COUNTY)
TIME (Month) (Day) (Year) (Hour) OF INJURY <u>m.</u>	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>
HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from April, 1951, to June 10, 1951, that I last saw the deceased alive on June 5, 1951, and that death occurred at 10:40 a.m., from the causes and on the date stated above.

SIGNATURE <u>James H. Johnson</u>		ADDRESS <u>M.D. Elchton, Md.</u>		DATE SIGNED <u>June 11, 1951</u>	
23. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		DATE THEREOF <u>June 14, 1951</u>		NAME OF CEMETERY OR CREMATORY <u>James Cemetery</u>	
LOCATION (City, town, or county) <u>Chestertown, Md.</u>		(State)		24. FUNERAL DIRECTOR <u>J. Willis Wells</u>	
DATE REC'D BY LOCAL REG. <u>June 11-1951</u>		REGISTRAR'S SIGNATURE <u>Clara S. Barnes</u>		ADDRESS <u>Chestertown, Md</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUN 13 1951

BUREAU V. S.

100
100

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 207

The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH- COUNTY <u>Kent</u> CITY (If outside corporate limits, write RURAL and OR give nearest town) <u>Chesapeake</u> TOWN <u>all life</u> HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>811 High Street</u>		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Kent</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Chesapeake</u> TOWN <u>all life</u> STREET ADDRESS (If rural, give location) <u>811 High Street</u>	
3. NAME OF DECEASED (Type or Print) <u>Clara D. McKinis</u>		4. DATE OF DEATH (Month) <u>June</u> (Day) <u>19</u> (Year) <u>1957</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Nov. 20 1883</u>
9. AGE last birthday <u>67</u> yrs.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>home</u>	11. BIRTHPLACE (State or foreign country) <u>Chesapeake Kent Co. Md.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		13. FATHER'S NAME <u>Charles Miller</u>	
14. MOTHER'S MAIDEN NAME <u>Russella McKinis</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)	
16. SOCIAL SECURITY No. <u>—</u>		17. INFORMANT AND ADDRESS <u>Norman McKinis - Chesapeake, Md.</u>	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause

(a)

Angina2 hours

420.2 Antecedent cause(s)

(b)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

High blood pressure

946

(c)

Had distended heart

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☐

21. ACCIDENT

(Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.)
INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

SUICIDE

HOMICIDE

TIME (Month) (Day) (Year) (Hour)

OF INJURY

(7-9-51 - ams)

INJURY OCCURRED

While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-19, 1951, to 6-19, 1951, that I last saw the deceasedalive on 6-19, 1951, and that death occurred at 7 P.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

6-20-51

DATE SIGNED

NP Copeland Chesapeake

23. BURIAL, CREMATION REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

June 21-1951Clara S. BarnesMorris V. Williams - Chesapeake, Md.

MARGIN RESERVED FOR BINDING

VS ASD

RECEIVED

JUN 25 1951

BUREAU Y. S.



RECEIVED
JUN 25 1951
BUREAU Y. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06058

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH- COUNTY <u>Kent</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Kent</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Chestertown</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Chestertown</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>215 S. Front St.</u>		STREET ADDRESS (If rural, give location) <u>215 S. Front St.</u>	
3. NAME OF DECEASED (Type or Print)	(First) <u>James</u>	(Middle) <u>Taylor</u>	(Last) <u>Meekins</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Jan. 18-1909</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME <u>Joshua Taylor Meekins</u>		14. MOTHER'S MAIDEN NAME <u>Mary Younger</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT AND ADDRESS <u>Mary Younger - Mother</u>		12. CITIZEN OF WHAT COUNTRY?	

18. MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
Immediate cause	(a) <u>Cirrhosis of Liver</u>		<u>1 yr</u>
586.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) <u>General Anesthesia</u>		<u>1 yr</u>
124a	(c) <u>Chronic Alcoholism</u>		<u>2 yrs</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>	
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from no medical attention, 1951, that I last saw the deceased alive on Feb, 1951, and that death occurred at 4 A m., from the causes and on the date stated above.

SIGNATURE <u>Frank W. Smith</u>	ADDRESS <u>M. Dr. Chestertown, Md.</u>	DATE SIGNED <u>June 11/51</u>
23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	DATE THEREOF <u>June 13, 1951</u>	NAME OF CEMETERY OR CREMATORY <u>Union Cem.</u>
DATE REC'D BY LOCAL REG. <u>June 12-1951</u>	REGISTRAR'S SIGNATURE <u>Clara S. Barnes</u>	24. FUNERAL DIRECTOR <u>Martin V. Williams - Chestertown, Md.</u>

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415

510246

RECEIVED
JUN 14 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06059

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH- COUNTY <u>Kent</u>		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>MD.</u> COUNTY <u>Kent</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Chestertown</u>		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Still Pond</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Kent & Queen Anne Hospital</u>				STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) <u>JOHN</u>		(First) (Middle) (Last) <u>NICHOLSON</u>		4. DATE OF DEATH <u>6</u> / <u>27</u> / <u>51</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>M</u>	8. DATE OF BIRTH	9. AGE last birthday <u>74</u> yrs.	If under 1 year Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer - County Road</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>		11. BIRTHPLACE (State or foreign country) <u>Kent Co., Md.</u>	
13. FATHER'S NAME <u>Benjamin F. Nicholson</u>		14. MOTHER'S MAIDEN NAME <u>Lucie Gardner</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY No.		17. INFORMANT AND ADDRESS <u>Mrs. John Nicholson - Same</u>	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

Antecedent cause(s)

Diseases or conditions, if any,
giving rise to the above cause
stating the underlying cause last

(a)

(b)

(c)

Generalized ArteriosclerosisUrinary retentionCerebral Hemorrhage @ HemiplegiaINTERVAL BETWEEN
ONSET AND DEATHYearWeek8-yearsII. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not
related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

21. ACCIDENT
SUICIDE
HOMICIDE

(Specify)

PLACE (Home, farm, factory, street,
OF office bldg., etc.)
INJURY

(CITY OR TOWN)

(COUNTY)

20. AUTOPSY?

Yes ☐ No ☒TIME (Month) (Day) (Year) (Hour)
OF INJURYINJURY OCCURRED
While at Not While
Work ☐ At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/15, 1951 to 6/27, that I last saw the deceased
alive on 6/26, 1951, and that death occurred at 8:45 A m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION
REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL
REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

Burial 6/30/51 Still Pond Cemetery Still Pond, Md.
June 29-1951 Clara S. Barnes B.R. Fellows Still Pond, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JUL 1 1951

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 02

06060

1. PLACE OF DEATH COUNTY <u>Kent</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Chesapeake</u> TOWN HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Kent & Queen Anne Hwy.</u>		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Kent</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Chesapeake</u> TOWN STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) <u>Arthur</u> <u>Green</u> <u>Silvers</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June</u> <u>12</u> <u>1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Single</u>	8. DATE OF BIRTH <u>June 11 1937</u>
9. AGE last birthday <u>1 day</u> yrs. If under 1 year Months Days Hours Min.		10. BIRTHPLACE (State or foreign country) <u>Kent & Queen Anne Hwy., Chesapeake</u>	
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13. FATHER'S NAME <u>Charles H. Silvers</u>		14. MOTHER'S MAIDEN NAME <u>Thomas Bonwill</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY No. <u> </u>	
17. INFORMANT AND ADDRESS <u>Charles H. Silvers - Chesapeake Ind</u>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause <u>795.5</u> (a) <u>Found dead in bassinet; Cause</u>	INTERVAL BETWEEN ONSET AND DEATH
Antecedent cause(s) <u>200.8</u> (b) <u>unknown. Apparently normal at birth + presented no evidence of congenital anomalies. Airway was clear + unobstructed by mucus or other</u>	
(c) <u> </u>	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-11, 1951, to 6-12, 1951, that I last saw the deceased alive on 6-12, 1951, and that death occurred at 10:45 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
<u>Burial</u>	<u>June 13/1951</u>	<u>Chesapeake Cemetery</u>	<u>Chesapeake Ind</u>
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
<u>June 13-1951</u>	<u>Clara S. Barnes</u>	<u>Morris V. Williams</u>	<u>Chesapeake Ind</u>

206111259405

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 441

RECEIVED
JUN 15 1951
BUREAU V. S.